



ygood75346@aol.com on 03/28/2006 02:02:25 PM

To: 2022190174@fec.gov  
cc: camille@abateforcongress.com, ygood75346@aol.com

Subject: Statement of Candidacy

Attached is the Statement of Candidacy (FEC Form 2) for Camille Abate. She is running in New Jersey's 5th Congressional District.



- statement\_of\_candidacy[1].pdf

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>Camille Marie Abate</b>		2. Identification Number
(b) Address (number and street) <b>77 Greenway Road</b>	<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code <b>Glen Rock, NJ 07452</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>Democrat</b>	5. Office Sought <b>House of Represent.</b>	6. State & District of Candidate <b>New Jersey, 5th District</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Abate for Congress Committee</b>
(b) Address (number and street) <b>P. O. Box 65</b>
(c) City, State, and ZIP Code <b>Glen Rock, NJ 07452-0065</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<b>0.00</b>	for the primary election, and
9B	<b>0.00</b>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <b>Camille M. Abate</b>	Date <b>3-27-06</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

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☐ Postmark Illegible

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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>E-MAIL</i>	Date of Receipt or Postmarked <i>3-28-06</i>
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<i>Jm</i>	<i>3-28-06</i>
PREPARER	DATE PREPARED